### Lake County Board of Health

## VIRGINIA REBER PUBLIC HEALTH AWARD

## Information Sheet

Each year, the Lake County Board of Health sponsors the "Virginia Reber Public Health Award". This award honors a county resident or entity that has furthered public health principles in Lake County and/or the Flathead Reservation.

The Lake County Board of Health would greatly appreciate your nominations for this award. Please use the attached nomination form, which can be duplicated if additional forms are needed. Some suggested public health areas of involvement include, but are not limited to:

Maternal/Child Health Environmental Health Dental Health Communicable Disease Fitness & Nutrition Aging Population Individuals with Disabilities Injury Prevention

Community Health Health Education Disease Prevention Mental Health

Former recipients include Arlee Water/Sewer District; Polson Running; Ruth Horton; Janet Sucha, RN; Cara Harrop, MD; Mission Valley Aquatic Center; Wrapped in Hope, Dr. Emily Hall, and Judge Manley

#### The Nominee:

- Must live or work in Lake County or on the Flathead Reservation.
- Promotes principles of public health in professional, public, or volunteer work in Lake County and/or the Flathead Reservation
- Networks or collaborates with community groups to help provide or promote public health to improve life for others
- Contributes to public health in Lake County/Flathead Reservation

#### The Public Health Action/Contribution:

- Addresses a public health concern
- Is creative or unique in its approach to a public health issue
- Significantly enhances public health in Lake County/Flathead Reservation

#### Nominations must be submitted no later than March 2, 2020 to:

Attn: Chairperson Lake County Board of Health 106 4<sup>th</sup> Ave East Polson, MT 59860 OR Fax them to 883-7283

For additional information, contact the Lake County Public Health Department

Phone: 406-883-7288



# Lake County Board of Health VIRGINIA REBER PUBLIC HEALTH AWARD

# Nomination Form

Name of Nominee				
Nominee's Address				
City		State	ZIP	
Please describe the accomplishr specific information about the v community benefits, and effecti	vork, efforts, or health act	ivity such as ev	idence of the projec	
				·
	Signature		Date	<u> </u>
Your Name (please print)		State 7ID		
AddressPhone	City, . Email Address	Jiaie, LIF		

A selection committee made up of Lake County Board of Health members will review the nominations and select the recipient of this award. Awardees will be honored at the April Board of Health Meeting to be announced.